

A Sociological Research Paper and Proposal Of Alcohol's Impact On Sexual Activity and Sexual Transmitted Diseases

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Introduction

Drinking goes hand in hand with the college student and is a presumed part of the campus experience. It is portrayed in films, television and popular culture in a light-hearted way where some crazy things may happen but in the end all is well.

However, from research, common knowledge and, for some students, painful personal experience, we also know that alcohol can have a darker side with more troubling side effects. They include a decrease in hand-eye coordination, sense of awareness and ability to make well-judged decisions. To paraphrase a line from the recent movie *The Hangover*, a hit among college students, “What happens in Vegas, stays in Vegas, except for herpes. That stuff will come back with you.”

My thesis of my research paper is the following: there is a relationship between alcohol use, sexual activity and the rise in STD's among college students. This paper investigates existing scholarly research that has been conducted on the drinking and sex life habits of college students. I look at the deviant behavior in youth in general, college's impact on drinking and sexual activity, the prominence of STD rates among the college age population, and the challenges of collecting and reporting STD rates on college campuses. Since college campuses have a difficult time collecting these statistics, I have proposed a new survey and study of the relationship between alcohol, sexual activity and STD's.

University life and the college campus may indeed be larger than anything a student has experienced in high school, but college can also be just as much of a bubble socially. With Greek life, athletic teams, clubs and organizations found at school, their members share many of the same friends. I believe that the risk of STDs spreading

among people is increased because of the college lifestyle, an increase in the consumption of alcohol, sexual partners, and the bubble-like community college provides. As I discuss later, unfortunately college campuses don't have an accurate way of measuring the STD rates among the student population. In addition health organizations such as The Center For Disease Control do not measure and report STDs based on college locale. My study will give college campuses a more accurate tool for measuring STD rates on campus. The study will focus on Cal Poly college students ranging from the ages of eighteen to twenty-three, their drinking habits in correlation with their sexual life and the dangers they face when both alcohol use and sexual activity are increased during college. For the purpose of this paper the terms STD and STI are interchangeable.

Literature/Interview Review

When one thinks of the social aspects of the average college lifestyle, alcohol and sex will undoubtedly come to mind. According to Stanley Rudney, a junior at Chico State University, "Kids feel they have a sort of right of passage when they enter college. They watch popular comedies where alcohol is a big part of the college experience, where the actors in these films have all sorts of fun experiences as a result of being really wasted." There has never been a shortage of these types of films; *Old School*, *Animal House* and *Beerfest*. Now students have even more movies to choose from as the *Hangover* came out last summer and was an instant hit. "The *Hangover* didn't have to do with college kids, but you still get the idea that alcohol led to a crazy night where it was funny and kind of cool that they didn't remember any of it," added Stanley. "Figuring out

what happened the night before was exciting all in itself too, and college students want to have similar experiences like that” (S. Rudney, personal communication, May 29, 2010). I agree with Stanley’s observations on comedies and how they depict alcohol. I remember when I saw *Beerfest* that the theatre was packed with kids my age, who had actually snuck alcohol into the theatre, and it seemed everyone was drinking and having a good time. College students think it’s funny to “black out” and not remember anything from the night before. It also lets them off the hook for things they did that would otherwise be unacceptable.

Young adults making the shift from living under their parents' roof and following rules and guidelines set by those parents and other authority figures, are now on their own. They now make their own decisions and don’t have to answer to anyone. Lisa Young, a Cal Poly freshman says, “Instead of coming home to your parents, your coming home to your roommate in your dorm room. I don’t really care if they know I’m drunk like I would care if my parents knew. In fact my roommate might encourage it and think it’s funny” (L. Young, personal communication, may 30, 2010).

Partying and sexual activity begin to reach new highs due to this new found sense of freedom, but does the partying contribute to the increase in sexual activity? When do both become excessive, and even more so, when do they become dangerous? My research focuses on those dangers. CDC estimates from their National Surveillance Data for Chlamydia, Gonorrhea, and Syphilis, “that there are approximately 19 million new STD infections each year- almost half of them among people 15 to 24 years of age” (“Sexually Transmitted Diseases in the United States,” 2008, para. 1). It is my belief that not only does the consumption of alcohol increase the chances of sexual activity, but that

it also increases the chances of unsafe sex and thereby increases the chances of the spread of STDs.

Alcohol's Contribution to Deviant Behavior in Youth

My immediate question of whether alcohol consumption is a key contributor to sexual activity was answered promptly by each of my articles. Alcohol is widely used as an excuse to commit behavior that society deems unacceptable, including risky sexual practices (Morrison 2003). “We must remember though that the definition of deviant and unacceptable behavior, which is defined as the period of adolescence’s transition into adulthood where problems of youth such as unbridled sexuality, rejection of parents and teachers, lack of concentration, and unpredictability, is only defined by social norms, and in so, sexual activity and alcohol consumption are only considered to be examples of such problem behavior because of such existing norms” (Robbins 1989). A study focusing on British tourists where four percent engaged in behavior that included unprotected intercourse with new partners, among these individuals the occurrence of unsafe sexual activity was highest among those who consumed significantly more alcohol (Josiam 1998). It is interesting to also note that males are generally more likely to have begun participating in these activities, at all ages, than females are (Mott and Haurin 1988). A study of sex differences in psychosocial consequences of alcohol and drug use also found that males report more alcohol or drug-related problems than women do. Men had more memory loss than females, and drove more reckless. Men also had multiple sexual partners while under the influence (Robbins 1989). I find this most interesting because it confirms a popular stereotype that males are more "sex hungry" and

promiscuous than females and that they partake in more deviant activity on a whole than women do. Gender aside though, young people who use one or more substances by a given age are more likely than those who do not to become sexually active within a year (Mott and Haurin 1988). In one study, it was shown that 93% of the participants who drank at least weekly, had had intercourse at least once in the past year, compared to 68% who didn't drink. Similarly, 40% of those who drank at least weekly had had two or more partners, compared with 10% of those who did not drink (Graves and Leigh 1995).

There are other social explanations provided in the research done to shed some light on why this pattern of alcohol consumption and risky sexual activity occurs. Besides the obvious fact that alcohol impairs judgment, some researchers have suggested that once a youth has committed his or her first "deviant" act, the personal, social, and environmental factors that may have once reduced the risk of repeated misbehavior exercise less influence (Mott and Haurin 1988). Also, drug use often peaks in the late teens and declines in young adulthood as young people achieve more clearly defined adult statuses through things like marriage, parenthood, and employment. Another thought provoking theory is that the correlation of drinking and sexual activity may be caused by some other factor. "Drinking during sex may be confounded with general drinking habits, in that people who drink more often are more likely than less frequent drinkers to be drinking in conjunction with sex. Similarly, individuals who typically engage in a wide range of sexual risk-taking behaviors will be more likely to engage in sexual risk taking on any particular occasion" (Temple and Leigh 1992). Thus, the relationship of drinking to risky sex may be one of general drinking habits and sexual risk taking, both of which may be part of a larger set of impulsive or thrill-seeking behaviors,

such as unprotected sex, sex with multiple partners at the same time or in the same night, unprotected or protected anal sex, and many other impulsive behaviors that could possibly relate to my study's concerns of the spread of STDs.

Alcohol and Sexual Activity

Stanley Rudney says, “There is a belief that the more a girl drinks the easier she is. Honestly, I feel this true and the same can be said for guys. I do not feel that it is okay to take advantage of drunk girls though.” Alcohol lowers inhibitions and does increase sexual activity. Stanley Rudney also adds, “I think young people realize they have an easier time socializing and flirting with the opposite sex when they are more intoxicated” (S. Rudney, personal communication, May 29, 2010). I believe what Stanley is referring to is what is known as “liquid courage” the confidence gained by someone when they are under the influence of alcohol that gets them to say things they normally wouldn’t say and do things they normally wouldn’t do. This “liquid courage” can also lead to dangerous acts like getting in fights. Stanley Rudney notes, “I see a lot of guys acting real tough when they are drunk. They start bumping into other guys, start talking more shit, and seem to be looking for a fight” (S. Rudney, personal communication, May 29, 2010).

Graves and Leigh (1995) hypothesize that drinking at the time of sexual activity may interfere with judgment and decrease the likelihood of condom use, but later find out that they have much more in common with Morrison's article (2003), the lone research I've found and used who's findings challenge the widely accepted hypothesis that drinking is a cause of sexual risk-taking. According to Morrison's research, several cross-sectional studies have found no association between use of alcohol or other drugs and the

use of condoms. Morrison points out that many of the studies conducted on the subject suffer from the flaw that they "use global measures of drinking and risky sexual behaviors (e.g., how often one drinks and how often one uses a condom). In such studies it is not clear whether drinking and risky sex occurred on the same occasions--a necessary condition to prove that a causal relationship exists" (Morrison 2003). A third variable is brought into the discussion to explain the relationship between alcohol consumption and risky sexual behavior. Risky sex might be associated with parties where both alcohol and potential sexual partners happen to be available, or perhaps people who simply partake in high-risk behaviors may tend to both drink and not use condoms regularly. In the absence of controls for such a third-variable explanation, it remains unclear to Morrison whether drinking is a cause of unsafe sex (Morrison 2003). I would remind Morrison that condom use is not a full proof way to prevent the transmission of an STD, although it does increase the chances of prevention. It also seems fair to remind Morrison as well as all other people doing research on this topic that the information being collected is mostly from people who were under the influence of alcohol. Therefore much of it may not be entirely accurate. In direct response to Morrison's research, Josiam (1998) compares substance use over a period of time and condom use during the same period of time, and findings indicated that condom use was lower and numbers of sexual partners higher in those who drank heavily on at least one occasion. The National College Health Risk Survey of 1998 reported similar findings. On top of that, it was found that those who consumed five or more drinks per occasion, also known as "binge drinking", were less likely to use condoms consistently. I would like to point out that Josiam's work was conducted in the 1990's while Morrison's is much more recent from earlier this decade.

This may have something to do with the differences, whether it be because of an increase in sexual education or other factors.

Stanley Rudney adds, “I have not personally had an STD but I know some friends who definitely have as a result of a one night stand where alcohol was involved every time.” When Stanley asked them why they didn’t just use a condom they would say things like, “I didn’t have one or I don’t ever use a condom,” also, “I don’t even remember having sex so how would I have remembered to use a condom?” (S. Rudney, personal communication, May 29, 2010).

Josiam (1998) mentions that perhaps the common relationship between alcohol consumption and sex can be linked to social learning theory, found through alcohol advertising. Stanley Rudney believes, “Advertisements for beer and alcohol often use sex as a means to sell their product, and not to be cliché but sex does really seem to sell. I’m guilty of purchasing products because of something sexy I’ve seen in an ad. It sounds silly but there’s something about seeing two girls wrestle in a Coors Light commercial that makes me want to buy their product when I see it in the store” (S. Rudney, personal communication, May 29, 2010). We all have noticed, advertisements full of associations between alcohol and sex, and most are positive and few are subtle. Alcohol ads feature beautiful women and masculine men. From James Bond and his martinis to St. Pauli's beer bottles featuring a waitress with half her chest popping out of her shirt, the association between alcohol and sexual behavior surrounds us. Girls aren’t the only one’s being misrepresented in alcohol advertisements as comedian Rita Rudner points out, “Not one man in a beer commercial has a beer belly.” Lisa young makes a good point when she says, “Advertisements only show the fun and good aspects of alcohol. Obviously, this

is understandable because they are trying to sell their product but it's a thin line when you're selling a product that can do harm to someone. I know they quickly go through an alcohol warning at the end and even say please drink responsible, but is that enough?" (L. Young, personal communication, May 30, 2010). College specifically seems to be a place where the idea of having fun includes alcohol use and sexual activity. This kind of social learning can only promote such behavior. In their work, Mott and Haurin (1988) confirmed through evidence that at all adolescent ages, boys and girls who become sexually active are much more likely than their sexually abstinent counterparts to begin using alcohol thereafter. In doing so it increased the likelihood of alcohol being involved in future sexual encounters. I found their work even more interesting because they dealt with ages as low as fourteen and as high as nineteen, meaning that most of their results were being pulled from kids who were still either in high school or still in the early stages of their college transition and experience. In my own experiences and research, it is safe to say that alcohol consumption and risky-sexual behavior increases for most young adults after their first year of college, and continues to increase or fluctuate throughout college. I would suggest for future research a closer look at the difference of sexual activity and drinking habits between academic years. Mott and Haurin (1988) still recognize that the initiation rate for alcohol consumption rises sharply between ages seventeen and eighteen, I find they concentrated too much on gender and ethnicity, but not enough on age. Again, this only furthers my own concerns that my hypothesis will be correct; if alcohol becomes a common precursor to sex, then the risky behavior and inability to cast good judgment may put individuals in danger of transmitting an STD.

Lisa Young informed me that, "The sorority I rushed not only encouraged

drinking, but also encouraged promiscuous sexual behavior. I'm not going to repeat the chants we had to memorize, but they were very sexual and degrading." (L. Young, personal communication, May 30, 2010). Lisa decided the sorority wasn't for her, and has actually been turned off of that part of the college experience. Some fraternities share the beliefs of drinking heavily and engaging in sex with multiple partners. Some have even been accused of using "roofies" to do so. I thought it was interesting to see that some sororities encourage the same kind of behavior, and it goes to show how the Greek system and other bubble-communities in college influence a lot of students, and are partly responsible for the rates of STD's.

STD's Prominent in the College Age-Range

With all of my articles declaring that alcohol indeed promotes and influences risky sexual behavior except the work conducted by Morrison, I have concluded that my hypothesis to my own research question would indeed be that alcohol does increase sexual activity. This is significant because alcohol increases patterns of deviant behavior therefore also increasing the chances of transmitting sexual diseases. I found more confirmation that alcohol use mixed with sexual activity would only increase the chances of spreading STDs through Josiam's study. Josiam (1998) reveals that 96% of all STDs occur between the ages of fifteen and twenty-nine. Chlamydia alone gains four million new cases reported each year, and genital herpes affects eight to ten percent of sexually active college students. Genital warts also may be carried by between thirty to seventy-five percent of adult Americans. With these kind of statistics, and remembering that these numbers are over a decade old now, it only furthers and strengthens the hypothesis that

alcohol's influence on risky sexual behavior, whether it be lack of protection or multiple partners, creates a very dangerous increase in the chances of STDs being spread.

Interview With Janice Maroney

I interviewed Janice Maroney, a certified therapist, who specializes in alcohol use and sexual assault among youth. This therapists' goal is to not only to council but also educate the campus community about sexual assault, and they present to fraternities, sororities, freshman halls, and classrooms. Janice believes there is a definite link between alcohol and sexual assault. According to Janice, "Over ninety percent of sexual assaults occur with alcohol or other drugs, and forty percent of perpetrators admitted to being under the influence of alcohol when committing the assault" (J. Maroney, personal communication, May 5, 2010). These are sobering statistics about sexual assault, and a major indicator that there is a definite link between alcohol and risky sexual activity.

Janice added, "sayings like "grey goose makes a girl loose" as silly as they sound have some meaning to them. Alcohol does lower one's inhibitions and has been linked with poor choices in partner selection. Some individuals find themselves wearing "beer goggles" and engage in sexual behavior with someone that they wouldn't normally have if they hadn't been drinking alcohol. There may also be a link between alcohol and sexual regret, the idea that individuals engage in sexual activity they wish they wouldn't have" (J. Maroney, personal communication, May 5, 2010). I was interested to learn that alcohol nullifies anyone's sexual consent legally, and it doesn't matter if both people are under the influence. She did go on to explain the majority of those cases never make it to trial. The thinking behind this law is that alcohol reduces the chance that open and honest

communication will occur between partners before sexual activity is started, which leads to a lack of consent. Janice didn't have specific statistics on campus rates of sexual assault on campus, but said, "It's hard to have accurate statistics when it is believed that ninety to ninety five percent of cases go unreported" (J. Maroney, personal communication, May 5, 2010). My interview confirmed my belief that alcohol reduces one's ability to make well-judged decisions and leads to risky sexual behaviors.

Difficulty Reporting STD Rates in College Campuses

I was hoping to get my questions answered about STI rates on campus from The Cal Poly Health Center. The Head of Medical Services reviewed the questions and it was determined that they did not have any clinically significant data to contribute at this time. They explained that less than 1% of their STI screening tests are positive, so they have very limited data in this area, and apologized for not having any more information. I understand that because the health center didn't have any way of measuring STI rates that it would have been difficult answering a lot of my questions.

Next I contacted the E.R.O.S. Health and Counseling Services office, where they informed me that they have no way of accurately measuring STD/STI rates on campuses. In their opinion many students go to their private health care doctor when it comes to sexually transmitted infections, so school STD rates are not accurate. The spokes person also said that STD rates for any college campus is not available, but a good indicator would be to check the STD rates in the college town/city among those who fall within the college age range.

STD Rates in the College Age Range

Even though campus health centers aren't able to get accurate STD rates for their college, I think a good indicator is to look at STD rates in the college-age-range of people living in that particular city. We've learned that students are reluctant to get tested at the campus health centers and are more likely to go to their private health care doctor that probably isn't in the city where they attend college. So to get some indicator of the STD rate of UCSB, for example, looking at the STD rate for people in the age range of 18 to 23 in the city of Santa Barbara would still give me some sort of indicator. Now searching for specific age ranges is not always possible either, so I had to get a little creative with my analysis. For example, San Luis Obispo County only gives the total STD rates and doesn't specify by age. I am not left with the best indicator of the college age range. I did state earlier though that According to Josiam(1998), 96% of all STDs occur between the ages of fifteen and twenty-nine. A large portion of this 96% is made up of college students, so you can get a rough estimate of which college campuses have a higher STD rate than others, and what those estimates might be. Not to mention in a county like San Luis Obispo where the student body accounts for a large portion of the population the following should give us some what of an idea of the STD rates on campus. When I compared San Luis Obispo County with Santa Barbara County I found higher rates in Santa Barbara. For the ages of 20 to 24 years of age in San Luis Obispo County there were just under 2,000 cases of Chlamydia for every 100,000 people in males, while Santa Barabara had just under 2,500 cases for every 100,000 males in that same age range (Sexually Transmitted Diseases Local Health Jurisdiction Data, 2008).

The data in San Luis Obispo county shows that STI rates are lower than when compared to the rest of California and the United States. In 2008, 240.7 people were infected with Chlamydia in San Luis Obispo for every 100,000 people, compared to 389.3 people in California for every 100,000 (San Luis Obispo County California 2010, 2010). This is kind of what I expected to find since other schools in California like UCSB and San Diego State have been rumored to have frightening rates. Although, you have to remember that this is an estimate of all the people and 96% of STD's accounted for are young people. The rates on our campus and every campus would be reflected much higher as it would only account for young people, and not the older population.

Unfortunately CDC only allows me to run data through either all age groups or certain age groups that they have designated, for example 15 to 19 years of age or 20 to 24 years of age. So I can't obtain my ideal age group of 18 to 23 (college age range), but I still think the tables give a good indication of the growing STI problem in young people living in the US. I decided to run the tables with the age ranges of 20 to 24 years of age. As you can see from the two tables I have attached at the end of my paper the rates per 100,000 has grown substantially in just two years. I think it was interesting that the change in STD rates between the year 2006 and 2008 was almost as large as the gap between 2000 and 2006. This underlines that not only is it a growing problem, but the rates are increasing more drastically the last few years. In the year 2000 the STD rate was 633.18 per 100,000 compared to 770.34 in 2006, and 868.99 in 2008 (Center for Disease Control and Prevention. Sexually Transmitted Diseases Interactive Data, 2010).

Methods Section

College campuses don't have an accurate way of measuring the STD rates among their students. The following sections will help explain how my survey will give college campuses a more accurate tool for measuring STD rates on campus. I will discuss some of my past ideas, and limitations the survey I attempted to conduct on a lecture hall. I will present Cal Poly with a way of advertising the survey on campus and giving the students some incentive to complete it. My survey is included and I describe the importance of each question. I touch on future research and how the project could be expanded to universities across the nation.

Research Design

In order to better access my intended research proposal, I propose the school conduct a survey method of research. I considered a proposal that conducts a longitudinal study involving a weekly survey and weekly diary that the study's participants would have to fill out for an entire year while half the participants abstained from alcohol use as my control group. This method is flawed for multiple reasons. First it is completely ridiculous to expect the average American college student to give up alcohol for an entire year let alone a week. The second major reason the method would fail is because participants would simply have too much trouble, or lose patience to participate for a year making contributions to such a study. So, I have chosen to strictly stick with a one-time survey.

The survey consists of twenty-five questions, none of which require a participant to relinquish any information that may give away their identity. This study ensures that

all subjects will remain anonymous.

The survey mainly consists of "yes or no" type questions regarding the drinking habits and sexual habits of the student participating, but also includes questions that will allow the study to gain information on the participant's college lifestyle and some personal information, but nothing that would risk revealing an identity. The survey also has many answer choices of not applicable (N/A) as the study recognizes that not all participants will be sexually active or consumers of alcohol.

Sample/Population

The study will allow for Cal Poly students to participate. Participants must be eighteen or older and attend Cal Poly University. There will be a question on the survey requesting subjects to indicate their gender but there will be no requirement for a certain amount of males or females to partake in the study. The survey will not ask for or jeopardize anyone's identity or personal information, so in the event that a participant is under the legal drinking age of twenty-one and replies "yes" to whether or not they partake in drinking alcohol, they will have nothing to fear because they will always remain anonymous.

The school should not accept surveys from anyone under the age of eighteen and should not accept surveys from anyone who is not currently attending Cal Poly. Asking for proof of enrollment would compromise the identities of the participants, so perhaps advertisement for my study will remain strictly on campus grounds. If the students wish to participate in the survey they could contact the health center or whoever is running the survey, which would be listed on the advertisements. I feel that the survey would best be

completed at home.

Limitations To My Survey

I actually passed out the survey in a lecture hall. I don't feel like I received accurate results because the students were probably worried about someone sitting next to them seeing their answers, and consequently did not answer honestly when it came to questions like if they ever had any STDs. This is understandable, and I feel like taking the survey in the privacy of one's home will help to ensure that the survey is answered truthfully. I also didn't show my survey to the ethics committee, which is important to make sure no one gets harmed as a result of the survey. Although I did not find any correlation of alcohol and STD's in my survey, I did find a correlation between alcohol being a precursor to their sexual activity that night. Many students also believed that alcohol reduced the chances of safe sex, and increased the chances of risky sexual behavior. I know I found the STD answers to be irrelevant, but then found the correlation between alcohol and sex questions to be of relevance, and that is hypocritical of me. I disagree, only because I think it is embarrassing for students to answer questions about having had STDs, while it isn't embarrassing to answer questions about having sex and drinking alcohol. The problem wasn't the survey itself, but rather that it was passed out in a classroom. I feel it would work much better when taken in the privacy of one's home.

Research Methodology

The following is my proposed survey:

After carefully reading the in-depth consent form and returning it signed,

participants in the study will receive their survey.

Survey

1. Indicate your sex:

Male Female

2. Indicate your age:

18 19 20 21 22 23+

3. What academic year are you currently in?

1st 2nd 3rd 4th 5th or above

4. Are you currently in a monogamous relationship?

Yes No

5. Are you currently sexually active?

Yes No

6. Do you drink alcohol?

Yes No

7. If you answered yes to question 5, would you say you consume alcohol...

1 day a month 2-3 days a month 1 day a week 2 days a week 3 days a week
4 days a week 5 days a week 6 days a week 7 days a week N/A

8. When you are drinking, indicate roughly how many drinks you consume per hour in a four hour period or simply reply "N/A" if you do not drink:

9. Do you agree with the claim that "alcohol reduces the chances of safe sex" (birth control and/or STD prevention)?

Agree Disagree

10. Do you currently have an STD?

Yes No No, but I have in the past

11. When you choose to drink alcohol, in what form do you tend to drink it?

Beer Wine Liquor Other N/A

12. On how many occasions over the past 6 months do you remember alcohol being a precursor to your own sexual activity in the same night?

1-2 times 3-4 times 5-6 times 7-8 times 9 or more times N/A

13. Do you agree with the claim that "alcohol increases the chances of risky behavior or risky sexual behavior?"

Yes No

14. When drinking alcohol, where are you most likely to be found doing so?

Parties Bars Small "Get-Togethers" Casually at Home NA

15. When under the influence of alcohol, do you feel more likely to be willing to experiment sexually, ie: anal sex, multiple partners, etc.

Yes No

16. Do you belong to a fraternity/sorority, a sports team, or any school clubs/organizations?

Yes No

17. Were you sexually active before entering college?

Yes No

18. Did you often party or drink alcohol before entering college?

Yes No

19. Would you define yourself as:

Heterosexual Homosexual Bisexual N/A

20. Do you reside on or off campus?

On Campus Off Campus

21. Do you regularly converse and check with potential sexual partners prior to sex about birth control and personal health risks such as STDs?

Yes No N/A

22. After consuming alcohol, do you regularly converse and check with potential sexual partners prior to sex about birth control and personal health risks such as STDs?

Yes No N/A

23. Do you enjoy sexual activity?

Yes No N/A

24. Have you ever participated in sexual activities with someone you met for the first time in the same night?

Yes No

25. How many times did you have yourself tested for STDs this past year?

None 1 2 3 4 5 6+

Question Eplanations

Questions one through six, sixteen through eighteen, nineteen and twenty, and twenty-three are the survey's lightest questions; the buffer questions. They establish a basic outline of the respondent's age, gender, academic year, living situation, relationship status, sexual preference, whether they are currently sexually active and if so, do they enjoy it, and they consume alcohol. These questions also will help the study conclude an earlier hypothesis: whether or not drinking and sexual activity gradually increases as academic years and age increases. Questions seventeen and eighteen ask whether or not sexual activity and the use of alcohol existed in the participant's life prior to entering college or only began once they started at Cal Poly. This is significant because the responses to these two questions can verify whether or not the college lifestyle does promote the types of freedoms that lead to the kind of deviant and risky behaviors that have previously been discussed.

The survey's questions seven and eight, ten through twelve, and fourteen ask the participant to shed some light on their specific drinking habits as well as some personal health information. These questions attempt to discover how often and how much the participant drinks, what kind of alcohol they tend to drink, where they enjoy spending time drinking the most, how many times within a six month time frame a night of drinking has led to sexual activity, and whether or not they've have or ever have had an STD. These questions are significant because they are the foundation for the analysis that will be conducted once the surveys are collected. Connecting the drinking habits to the sexual habits that our participants conduct will allow us to determine whether deviant or

risky behavior is an outcome of binge drinking or something else, and whether or not there are higher cases of positive STD responses in those participants that drink more often than those who do not.

Questions nine, thirteen, fifteen, twenty-one and twenty-two, and twenty-four and twenty-five are questions designed to not only gauge the participant's own level of previously defined deviance but also to let them gauge their own. These questions ask whether or not the subject has ever participated in sexual activities with a partner they met for the first time on the same night and whether alcohol was involved or not. They ask if the participant agrees with the claims that alcohol induces risky behavior and poor judgment. They also find out if the subject commonly discusses issues of birth control and the risks of STDs with possible sexual partners before acting on anything, and if they have those same important discussions after they've been drinking. The significance of these questions is that they bring a sense of awareness of what this study is aiming to accomplish. Hopefully the results will lead to promoting safer and more responsible individuals. They also gauge the level of maturity and responsibility that the respondent has whether they are under the influence or if they are sober. For example, I would expect to see lower levels of "yes" responses to the question "Do you regularly converse and check with potential sexual partners prior to sex about birth control and personal health risks such as STDs?" in younger participants than in older ones.

Analyzing the answers to all of these questions will hopefully find patterns in the type of individual's, who are more prone to risky sexual behavior and therefore create a greater risk to the overall student body by increasing the chances of failing to use proper

protection and foresight.

Ethical Statement

The survey is designed to comply with the ethics committee guidelines, and to allow for total anonymity among the participants. These two factors alone lead me to believe that people will want to participate in my study. My thinking is that if I came across an advertisement for such a study it would grab my interest and I would have no problem completing the survey. Obviously the study would get more attention if there was some sort of compensation offered in return for completing the survey. Currently being an unemployed college student though prevents me from offering any financial reward to participants. My incentive to them is that the information gathered by this study will lead to a safer and a more aware student body. It's possible the health center or the school would want to offer some kind of incentive. Maybe the school could provide a discount on books to help save students some money from the outrageous prices at El Corral.

Although the lack of any reward for participating is a drawback, I believe my topic will grab the eye of any eighteen to twenty-three year old student. Sex and alcohol are popular topics among college youths. Their identities being kept completely anonymous should be further incentive to not only participate in the study, but to also answer the questions truthfully.

The weaknesses of my method can be found in the survey itself. Twenty-five questions may not be enough to gather all the possible information needed to fully access the connections between the college lifestyle, alcohol, sex, and STDs, but I feel that

anymore than twenty-five questions would begin to bore the participant or begin to go off-topic.

Discussion, Analysis, and Future Research

Final Analysis

If my future study was actually carried out, I would look to gather information based on the responses to my collected surveys that could help recognize social patterns and behaviors that may lead to higher risks of the spread of sexually transmitted diseases. Information regarding a pattern in deviant behavior, drinking habits, and sexual activity may also be found correlating with an increase in age or academic year, or perhaps vice versa, the older students are becoming, the more responsible they are becoming.

We also may find that one gender is more prone to specific topics in the study than the other gender is, therefore putting one gender at a greater risk of dangerous sexual behavior that could lead to an STD. Other questions that can be found and answered through this study include: what kind of drinking habits lead to a higher rate of sexual activity, do individuals without STDs feel less of a need to know if their partners may have one, or do people who have STDs or have had one feel an urgent need to talk about it with potential partners? Or do they feel the need to bury it whether that be by not having the discussion, or by getting drunk to a point where the topic never comes up? Are heterosexual, homosexual, or bisexual students at higher risk of alcohol's impact on deviant behavior and the danger of STDs or are they all equally at risk?

Ideally I would strive for a sample of at least 200 Cal Poly students to get a ratio of those who are either currently or have ever been infected with an STD compared to

those who never have been infected. On a whole, I hope the study would promote a much more aware and health-conscious student body. I hope this would also benefit the San Luis Obispo community at large. One must remember that health risks like STDs are a possible epidemic at all times.

Future Research

If this study proved to provide significant results and beneficial information, I would like to see the survey built upon and sharpened and then released to college campuses all over the state of California and eventually campuses throughout the United States. If the study were to reach such a size, a cash reward may be needed as incentive for participants, or some kind of discount maybe on books or tuition, given by the school's administration.

Eventually I would like to see a more active method of research added to the survey as well. Something along the lines of my initial "weekly diary" idea, where closer tabs can be kept on individuals for over an extended period of time. I still feel that creating a control group for such a study would be problematic due to the ever present possibility of alcohol consumption surrounding many college students. I would also love to see some involvement from organizations such as Planned Parenthood and other medical facilities by sharing information on STD rates of campuses and age ranges on those campuses, hopefully while maintaining the privacy of individuals.

Obviously the topic of my proposal impacts younger students who are just becoming sexually active, so I would also like to see this study expanded into high schools. I think that when dealing with topics such as sex-lives and STDs, the most

important thing to do is to keep participants and contributors identities to the study anonymous. I personally would never want to share some of the most private and personal aspects of my life with one person conducting a study much less the millions of readers if the study was ever published.

I believe that my research design would definitely provide some very significant results and hopefully take a much-needed step in the direction of creating a more aware public. I want the study to expand and grow beyond Cal Poly to benefit students everywhere.

Directions for future research would be to look a time when alcohol was banned, like during the 1920's the early 1930's. An investigation of STDs during prohibition may be beneficial. STDs have been around for centuries although it has only been since the early 1990s that they have been referred to as STDs and then more recently as STI. But an investigation of venereal disease during the prohibition, a time in the countries history when alcohol was outlawed may reveal something useful. Of course it is well known that people drank during Prohibition. The temperance experiment was a failure. Some believe people actually drank more because of the ban. It's possible that looking at areas and times when alcohol was outlawed will not give us an accurate picture of the people and their habits. The assumption that because alcohol is prohibited it is not prevalent is a major stretch. Perhaps the only way to get a realistic and accurate picture of the people and the problem is through an open, discussion and survey with the people most at risk - college students on campuses everywhere. Additionally, any schools where alcohol is totally banned, if they exist, could provide insight.

Final Conclusion

A relationship exists between alcohol use, sexual activity and the rise in STD's among college students. The chances of spreading an STD increase due in part to the new found freedom students discover when entering college. Those freedoms are expressed through partying, binge drinking, a larger number of sexual partners and more risk taking fueled by the influence of alcohol. According to Lisa Young, "The peer pressure is a lot higher in college. With so many students and friends it seems like there is always someone trying to convince you to drink that night. Since drinking in my opinion is a lot of fun, it's really not that hard to convince someone either" (L. Young, personal communication, May 30, 2010). This new found sense of freedom seems to open the door to alcohol use, which in turn increases not only the chances of sexual activity but the chances of risky sexual behavior: unprotected sex, sex with multiple partners, and sexual assault. Unprotected sex with people you don't know can help explain the high rates of STIs in young adults, especially in the college age range. These rates grow larger every year, and may be because of social learning theory, where alcohol use and sex becomes more acceptable and attractive from movies and the advertisements. Your average college student may not be aware of the growing STI problem in college universities, because the health centers do not have an effective way of measuring the rates on campus. I have proposed a research design which will hopefully give college campuses a way of obtaining an estimate of the STI rates on campuses, giving them an effective tool to inform and to educate the student body. What makes my study challenging is the same thing which makes it crucial. We know there is a relationship between college students, drinking and sexually transmittable infections. But because of privacy issues and other

factors we don't know just how big this relationship is. That makes my proposed study even more important.

Alcohol does contribute to the rise in STDs. Exactly how great a factor it is remains to be discovered. Until then we are fighting a battle against a major health issue without the benefit of a most effective tool – knowledge. What you don't know can hurt you. There is a famous and often used quote by bank robber Willie Sutton. When asked why he robbed banks he replied, "It's where the money is." In other words, don't overlook the obvious. We should keep his point in mind when asking, why study college students to learn more about alcohol and the relationship to STDs? Let's not overlook what's right in front of us.

Research Proposal

My goal is to research alcohol's impact on sexual activity, whether it increases the likelihood of it occurring or not, and if so, its impact on the transmission of sexually transmitted diseases. Why is this important? College campuses and college life may be larger than anything a student has experienced before in high school, but college can be just as much of a bubble socially. Greek life, athletic teams, clubs, and all of these organizations share many of the same friends. I believe that the risk of STDs spreading among people is increased because of the college lifestyle. I plan to investigate if there is a relationship between alcohol use, sexual activity and the rise in STD's among college students

This paper investigates existing scholarly research that has been conducted on the drinking and sex life habits of college students. I look at the deviant behavior in youth in general, college's impact on drinking and sexual activity, the prominence of STD rates among the college age population, and the challenges of collecting and reporting STD rates on college campuses. Since college campuses have a difficult time collecting these statistics, I have proposed a new survey and study of the relationship between alcohol, sexual activity and STD's. I will also research STD rates of the nation. I will look at how the STD rates have been increasing over time. I will conduct interviews with a doctor at the Cal Poly health center, therapists, and students to obtain a better understanding on the subject matter. Lastly this proposal will discuss and analyze what I've learned so far from my study and any possible future research that this study could contribute from or to, such as spreading the study out to other universities around the state of California or possibly the nation.

The survey I propose consists of twenty-five questions, none of which require a participant to relinquish any information that may give away their identity; this study ensures that all subjects will remain anonymous. The study will hopefully be conducted on Cal Poly students, but could extend to other campuses if it proved to be successful. The study would be advertised on campus and around the city of San Luis Obispo by the use of posters and fliers. . My study will give college campuses a more accurate tool for measuring STD rates on campus.

The survey mainly consists of "yes or no" type questions regarding the drinking habits and sexual habits of the student participating, but also includes questions that will allow the study to gain information on the participant's college lifestyle and some personal information, but nothing that would risk revealing an identity. The survey also has many answer choices of not applicable (N/A) as the study recognizes that not all participants will be sexually active or consumers of alcohol.

The following was copied from

http://www.slocounty.ca.gov/health/publichealth/commddisease/STIs/STI_Statistics.htm:

COMPARING LOCAL, STATE AND NATIONAL RATES








Rates are per 100,00

Chlamydia: Comparing Local, State and National Rates from 2003-2008			
Year	San Luis Obispo	California	United States
2003		330.9	301.7
2004	176.3	340.4	316.5
2005	212.4	361.8	329.4
2006	215.3	372.6	344.3
2007	234.3	389.3	370.2
2008	240.7		








Gonorrhea: Comparing Local, State and National Rates from 2003-2008			
Year	San Luis Obispo	California	United States
2003		73.2	115.2
2004	13.1	84.0	112.4
2005	17.5	95.0	114.6
2006	15.9	92.5	119.7
2007	18.0	85.8	118.9
2008	13.0		

The following is data I ran for the entire US Population using CDC interactive data:







The Following Rates are Calculated per 100,000 People in 2006

Disease 	Age	STD Cases  	Population  	Rate Per 100,000  
Chlamydia	20-24 years	376,042	21,111,240	1,781.24
	Total	376,042	21,111,240	1,781.24
Gonorrhea	20-24 years	110,465	21,111,240	523.25
	Total	110,465	21,111,240	523.25
Primary and Secondary Syphilis	20-24 years	1,381	21,111,240	6.54
	Total	1,381	21,111,240	6.54
Total		487,888	63,333,720	770.34

The Following Rates are Calculated per 100,000 people in 2008

Disease 	Age	STD Cases  	Population  	Rate Per 100,000  
Chlamydia	20-24 years	437,163	21,032,396	2,078.52
	Total	437,163	21,032,396	2,078.52
Gonorrhea	20-24 years	108,747	21,032,396	517.04
	Total	108,747	21,032,396	517.04
Primary and Secondary Syphilis	20-24 years	2,397	21,032,396	11.40
	Total	2,397	21,032,396	11.40
Total		548,307	63,097,188	868.99

Year 2000 data per 100,000

Disease 	Age	STD Cases  	Population  	Rate Per 100,000 
Chlamydia	20-24 years	249,442	19,140,318	1,303.23
	Total	249,442	19,140,318	1,303.23
Gonorrhea	20-24 years	113,253	19,140,318	591.70
	Total	113,253	19,140,318	591.70
Primary and Secondary Syphilis	20-24 years	882	19,140,318	4.61
	Total	882	19,140,318	4.61
Total		363,577	57,420,954	633.18

The following are boxes of state STD rates copied from CDC:

**Rates of Reportable STDs among Young People 15 - 24 Years of Age
New York, 2008**

Cases and Rates per 100,000

	Cases	Rate
Chlamydia	59354	2126.8
Gonorrhea	9902	354.8
P&S Syphilis	246	8.8

**Rates of Reportable STDs among Young People 15 - 24 Years of Age
California, 2008**

Cases and Rates per 100,000

	Cases	Rate
Chlamydia	96575	1757.4
Gonorrhea	13242	241.0
P&S Syphilis	352	6.4

Rates of Reportable STDs among Young People 15 - 24 Years of Age

Florida, 2008

Cases and Rates per 100,000

	Cases	Rate
Chlamydia	50469	2181.6
Gonorrhea	14266	616.7
P&S Syphilis	270	11.7

Rates of Reportable STDs among Young People 15 - 24 Years of Age Texas, 2008

Cases and Rates per 100,000

	Cases	Rate
Chlamydia	71587	2044.0
Gonorrhea	19931	569.1
P&S Syphilis	455	13.0

Rates of Reportable STDs among Young People 15 - 24 Years of Age Alabama, 2008

Cases and Rates per 100,000

	Cases	Rate
Chlamydia	18303	2837.1
Gonorrhea	6280	973.4
P&S Syphilis	117	18.1

Rates of Reportable STDs among Young People 15 - 24 Years of Age Mississippi, 2008

Cases and Rates per 100,000

	Cases	Rate
Chlamydia	16144	3703.5
Gonorrhea	5020	1151.6
P&S Syphilis	60	13.8

Rates of Reportable STDs among Young People 15 - 24 Years of Age Indiana, 2008

Cases and Rates per 100,000

	Cases	Rate
Chlamydia	16020	1817.7
Gonorrhea	5391	611.7
P&S Syphilis	42	4.8

References

Graves, Karen L., Barbara C. Leigh. 1995. "The Relationship of Substance Use to Sexual Activity Among Young Adults in the United States." *Family Planning Perspectives* 27:18-33.

Josiam, Bharath M. 1998. "An Analysis of the Sexual, Alcohol and Drug Related Behavioural Patterns of Students on Spring Break." *Tourism Management* 19:501-513.

Leigh, Barabara C. 1990. "The Relationship of Substance Use during Sex to High-Risk Sexual Behavior." *The Journal of Sex Research* 27:199-213.

Messman-Moore, Terry L., Aubrey A. Coates, Katheryn J. Gaffey, Carrie F. Johnson. 2008. "Sexuality, Substance Use, and Susceptibility to Victimization: Risk for Rape and Sexual Coercion in a Prospective Study of College Women." *Journal of Interpersonal Violence* 23:1730-1746.

Morrison, Diane M., Mary Rogers Gillmore, Marilyn J. Hoppe, Jan Gaylord, Barbara C. Leigh, Damien Rainey. 2003. "Adolescent Drinking and Sex: Findings from a Daily Diary Study." *Perspectives on Sexual and Reproductive Health* 35:162-168.

Mott, Frank L., R. Jean Haurin. 1988. "Linkages Between Sexual Activity and Alcohol and Drug Use Among American Adolescents." *Family Planning Perspectives* 20:128-136.

Parker, Robert N., Kathleen Auerhahn. 1998. "Alcohol, Drugs, and Violence." *Annual Review of Sociology* 24:291-311.

Robbins, Cynthia. 1989. "Sex Differences in Psychosocial Consequences of Alcohol and Drug Abuse." *Journal of Health and Social Behavior* 30:117-130.

Temple, Mark T., Barbara C. Leigh. 1992. "Alcohol Consumption and Unsafe Sexual Behavior in Discrete Events" *The Journal of Sex Research* 29:207-219.

Sexually Transmitted Diseases in the United States. 2008, retrieved from <http://www.cdc.gov/std/stats08/trends.htm>

Center for Disease Control and Prevention. Sexually Transmitted Diseases Interactive Data: <http://wonder.cdc.gov/controller/datarequest/D46>

San Luis Obispo County California 2010, 2010, retrieved from http://www.slocounty.ca.gov/health/publichealth/commdisease/STIs/STI_Statistics.htm

Sexually Transmitted Diseases Local Health Jurisdiction Data, 2008, retrieved from <http://www.cdph.ca.gov/data/statistics/Pages/STDLHJData.aspx>

